

Saranac Central School District
PO Box 8
Saranac, NY 12981

DOCKET FILE COPY ORIGINAL

To: FCC, Office of the Secretary
445 12th Street, SW
12th Street Lobby, SW
Washington, DC 20554

RECEIVED

APR 26 2001

FCC MAIL ROOM

Contact: Larry Garrow
Saranac Central School District
PO Box 8
Saranac, NY 12981

e-mail: lgarrow@mum.neric.org
fax: 518-565-5706
phone: 518-565-5643

Date: April 20, 2001

Re: SLD Decision Letter: Fund Year 4 Form 471-Rejection Letter
CC Docket Nos. 96-45 and 97-21

Appeal Explanation: Rejection of Form 471 is based on Item 12, Block 5 of Form 471 being blank or incomplete. I did not leave this item blank. I entered NA (not applicable) based on the instruction on the bottom of page number 1 of form 470, see attached. The instruction on Form 470 is as follows: NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year existing contract do NOT require filing of a Form 470.

The instruction for Item 12, Block 5 on Form 471 is not clear on using a number from a previous year's Form 470. I have read "Form 471 Minimum Processing Standards and Filing Requirements for FY 4." Nowhere can I find an instruction that indicates to use the previous year's Form 470 number. If that is what we were suppose to do, it should have been clearly indicated somewhere. Since you have on file our previous year's Form 470, I assumed you had the information you needed. Again, I was aware of the minimum processing standards and did not leave Item 12 of Block 5 blank. I assumed you had the Form 470 number and indeed you do have this number.

To conclude: We did not have to complete Form 470. Thus, I had no Form 470 number for this year. There was no instruction to use a previous year's Form 470 number. I entered NA assuming you had the necessary information. I assumed a Form 470 number had to match, year wise, with Form 471. It is important that these basic phone services be funded for our school district. I have corrected the information you need.


Larry Garrow, Technology Coordinator

No. of Copies rec'd 0
List A B C D E

Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours Per Response: 4 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org)

Applicant's Form Identifier: _____

(Create your own code to identify THIS Form 470)

Block 1: Applicant Address and Identifications

1 Name of Applicant (30 characters max.) _____

2 Funding Year: July 1, _____ through June 30, _____

3 Your Entity Number (up to 10 digits) _____

4a Street Address, P. O. Box,
or Route Number _____

City _____

State _____

Zip Code _____

b Telephone Number (10 digits + ext.) _____

(____) _____

ext. _____

c Fax Number (10 digits) _____

(____) _____

d E-mail Address (50 characters max.) _____

5 Type of Applicant

☐

Library

(including library system, library branch, or library consortium applying as a library)

☐

Individual School

(individual public or non-public school)

☐

School District

(LEA: public or non-public (e.g., diocesan) local district representing multiple schools)

☐

Consortium

(intermediate service agencies, states, state networks, special consortia)

6a Contact Person's Name _____

First, fill in **every** item of the Contact Person's information below that is different from Item 4, above.Then check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)b ☐ Street Address, P. O.

Box, or Route Number _____

City _____

State _____

Zip Code _____

c ☐ Telephone Number (10 digits + ext.) _____

(____) _____

ext. _____

d ☐ Fax Number (10 digits) _____

(____) _____

e ☐ E-mail Address (50 characters max.) _____

Block 2: Summary Description of Needs or Services Requested

7 This Form 470 describes (check all that apply):

- a ☐ Tariffed services – telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
- b ☐ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
- c ☐ Services for which a new written contract is sought for the funding year in Item 2.
- d ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.

Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

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Applicant's Form Identifier: _____
(Create your own code to identify THIS Form 470)

Form 470 Application #: _____
(To be inserted by Fund Administrator)

Block 1: Applicant Address and Identifications

1 Name of Applicant (30 characters max.) _____

2 Funding Year: July 1, _____ through June 30, _____

3 Your Entity Number (up to 10 digits) _____

4a Street Address, P.O. Box, _____

or Route Number _____

City _____

State _____

Zip Code _____ - _____

b Telephone Number (10 digits + ext.) (____) _____ - _____ ext. _____

c Fax Number (10 digits) (____) _____ - _____

d E-mail Address (50 characters max.) _____

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(including library system, library branch, or library consortium applying as a library)

☐

Individual School

(individual public or non-public school)

☐

School District

(LEA, public or non-public [e.g., diocesan] local district representing multiple schools)

☐

Consortium

(intermediate service agencies, states, state networks, special consortia)

6a Contact Person's Name _____

*First, fill in **every** item of the Contact Person's information below that is different from Item 4, above.*

*Then check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)*

b ☐ Street Address, P.O. _____

Box, or Route Number _____

City _____

State _____

Zip Code _____ - _____

c ☐ Telephone Number (10 digits + ext.) (____) _____ - _____ ext. _____

d ☐ Fax Number (10 digits) (____) _____ - _____

e ☐ E-mail Address (50 characters max.) _____

Block 2: Summary Description of Needs or Services Requested

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NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.



Universal Service Administrative Company
Schools & Libraries Division

Fund Year 4 FORM 471-REJECTION LETTER

April 11, 2001

RECEIVED

LARRY GARROW
SARANAC CENTRAL SCHOOL DISTRICT
P.O. BOX 8, 70 PICKETTS CORNERS ROAD
SARANAC, NY 12981

APR 26 2001

FCC MAIL ROOM

Re: Applicant's Form Identifier: SCSD4712001
Form 471 Application Number: 263157

Dear Applicant:

This letter is your notification that the entire FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards and cannot be processed. *Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it.* Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

- **The 470 Application Number in Block 5, Item 12 of the Form 471 submitted is blank or incomplete.**

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12th Street Lobby, SW; Washington, D.C. 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure:

(1) Form 471

FCC Form 471

FY 04

NEC47101-17-0105300188

Approval by OMB

3060-0806

Sct
Servi

Applicant ID: 263157

ice
n 471This form asks schools and libraries
charges for them so that the Fund A

Please read instruction.



263157

re ordered and estimate the annual
lers for services.

or filing this form online)

Applicant's Form Identifier: SCSD4712001

(Create your own code to identify THIS Form 471)

Form 471 Application

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.) Saranac Central School District		
2	Funding Year: July 1 2001 through June 30, 2002	3	Entity Number (up to 10 digits) 124376
4a	Street Address, P.O. Box, P.O. Box 8 or Route Number 70 Picketts Corners Road City Saranac State NY Zip Code 12981		
b	Telephone Number (10 digits + ext.) (518) 565-5600 ext.		
c	Fax Number (10 digits) (518) 565-5617		
d	E-mail Address (50 characters max.) lgarrow@mum.neric.org		
5	Type of Application <input type="checkbox"/> School (public or non-public school) <input checked="" type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input type="checkbox"/> Library (library (i.e. outlet/branch, system)) <input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.		
6a	Contact Person's Name Larry Garrow First, fill in every item of the Contact Person's information below that is different from Item 4, above. Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)		
b	<input type="checkbox"/> Street Address, P.O. Box, P.O. Box 8 Box, or Route Number 70 Picketts Corners Road City Saranac State NY Zip Code 12981		
c	<input type="checkbox"/> Telephone Number (10 digits + ext.) (518) 565-5600 ext.		
d	<input type="checkbox"/> Fax Number (10 digits) (518) 565-5617		
e	<input checked="" type="checkbox"/> E-mail Address (50 characters max.) lgarrow@mum.neric.org		
f	Holiday/vacation/summer contact information:		

Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #:

Funding Request Number:

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

42728

1/26/01

Entity Number <u>124376</u> Contact Person <u>Larry Garrow</u>	Applicant's Form Identifier <u>SCSD4/12001</u> Phone Number <u>(518)565-5643</u>
---	---

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served **b** Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?		
b High-bandwidth voice/data/video service: How many buildings served before and after your order?		
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
d Dial-up Internet connections: How many before and after your order?		
e Dial-up Internet connections: Highest speed before and after your order?		
f Direct connections to the Internet: How many before and after your order?		
g Direct connections to the Internet: Highest speed before and after your order?		
h Internet access (for schools): How many rooms have Internet access before and after your order?		
i Internet access (for libraries): How many buildings have Internet access before and after your order?		
j Internet access: How many computers (or other devices) with Internet access before and after your order?		
k Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number <u>124376</u>	Applicant's Form Identifier <u>SCSD4712001</u>
Contact Person <u>Larry Garrow</u>	Phone Number <u>(518)565-5643</u>

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1

Page 1 of 1

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- **Applying for discounts ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- **Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):** Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):** Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

291526

5/1/20

10b List entities and calculate discount(s).

School District Name: _____ School District Entity Number: _____

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Cadyville Elem. School	14220	R	153	32	21	60	91.8
Dannemora Elem. School	14230	R	134	44	33	60	80.4
Morrisonville Elem. School	14253	R	397	97	24	60	238.2
Saranac Elem. School	14264	R	370	160	43	70	259
Saranac Sr. High School	14265	R	378	117	20	60	346.8
Saranac Jr. High School	14266	R	332	96	29	60	199.2
Totals for calculating Weighted Average Discount			1964				1215.4

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)

→ 62%

Entity Number <u>124376</u>	Applicant's Form Identifier <u>SCSD4712001</u>
Contact Person <u>Larry Garrow</u>	Phone Number <u>(518)565-5643</u>

Block 5: Discount Funding Request(s)

Block 5, page 2 of 2

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>1</u>																																												
	16 Billing Account Number (e.g., billed telephone number)																																												
12 Form 470 Application Number (15 digits) <u>531620000273145</u> ^{N/A}	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)																																												
13 SPIN - Service Provider Identification Number (9 digits) <u>143004096</u>	18 Contract Award Date (mm/dd/yyyy)																																												
	19a Service Start Date (mm/dd/yyyy) <u>07/01/01</u>																																												
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/02</u>																																												
14 Service Provider Name <u>Tech Valley Communications</u>	20 Contract Expiration Date (mm/dd/yyyy)																																												
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>471-02</u> (see attached)																																													
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>																																													
23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td>Monthly \$ charges (total amount per month for service)</td> <td>How much of the \$ amount in (A) is ineligible?</td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td># of months service provided in program year</td> <td>Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td>Annual non-recurring (one-time) \$ charges</td> <td>How much of the \$ amount in (F) is ineligible?</td> <td>Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td>Total program year pre-discount \$ amount (E + H)</td> <td>% discount (from Block 4 Worksheet)</td> <td>Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td>239.44</td> <td>0</td> <td>239.44</td> <td>12</td> <td>2,873.28</td> <td>0</td> <td>0</td> <td>0</td> <td>2,873.28</td> <td>62</td> <td>1,781.43</td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	239.44	0	239.44	12	2,873.28	0	0	0	2,873.28	62	1,781.43
Recurring Charges					Non-Recurring Charges			Total Charges																																					
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Entity Number	124376	Applicant's Form Identifier	SCSD4712001
Contact Person	Larry Garrow	Phone Number	(518)565-5643

Block 5: Discount Funding Request(s)

Block 5, page 1 of 2

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

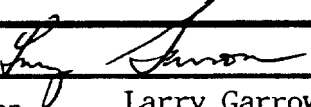
11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) T					
12 Form 470 Application Number (15 digits) N/A 531620000273145					16 Billing Account Number (e.g., billed telephone number)					
13 SPIN - Service Provider Identification Number (9 digits) 143001359					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)					
14 Service Provider Name Verizon					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 07/01/01					
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20 Contract Expiration Date (mm/dd/yyyy)										
21 Description of This Service:					You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 471-01 (See Attached)					
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23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
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3,655.10	0	3,655.10	12	43,861.20	0	0	0	43,861.20	62	27,193.94

Do not write in this area

Entity Number 124376 Applicant's Form Identifier SCSD4/12001
Contact Person Larry Garrow Phone Number (518) 565-5643

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a ☒ an individual technology plan for using the services requested in this application; and/or
 - b ☐ higher-level technology plan(s) for using the services requested in this application; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☒ technology plan(s) has/have been approved; and/or
 - b ☐ technology plan(s) will be approved by a state or other authorized body; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person 	35 Date <u>01/16/01</u>
36 Printed name of authorized person <u>Larry Garrow</u>	
37 Title or position of authorized person <u>Technology Coordinator</u>	
38 Telephone number of authorized person: <u>(518) 565-5643</u> , ext. <u> </u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.	
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.	

Entity Number	124376	Applicant's Form Identifier	SCSD4712001
Contact Person	Larry Garrow	Phone Number	(518) 565-5643

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

Attachment 471-01

Saranac Central School District
District NCES Code: 36-0009
Contact: Larry Garrow Tel: (518)565-5643
Verizon is our local carrier.

Attachment 471-02

Saranac Central School District

District NCES Code: 36-0009

Contact: Larry Garrow Tel: (518)565-5643

Tech Valley Communications is our long distance carrier.



**Schools and Libraries Division
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, New Jersey 07981**

**SARANAC CENTRAL SCHOOL DISTRICT
ATTN: LARRY GARROW
P.O. BOX 8, 70 PICKETTS CORNERS ROAD
SARANAC, NY 12981**